

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		1				
19		2				
20		1				
21		1				
22		1				
23		2				
24	1					
25		1				
26		2				
27		2				
28		1				
29		2				
30		2				
31		1				
32		1				
33		1				
34		1				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		1				
42		2				
43		2				
44	1					
45		1				
46		2				
47		2				
48		1				
49		2				
50		2				
TOTAL IND.	4		4		4	
TOTAL DEP.	101		101		101	
TOTAL CLAIMS	105		105		105	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		2				
56		2				
57		2				
58		2				
59		2				
60		2				
61		2				
62		1				
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96						
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98						
99						
100						
TOTAL IND.	4		4		4	
TOTAL DEP.	101		101		101	
TOTAL CLAIMS	105		105		105	